PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/575157

70/0707													
CLAIMS AS FILED - PART I								SMALL ENT	ITY OR		OTHER THAN SMALL ENTITY		
			(Colur	nn 1)	(0	Column 2)	1] [
U.S.	. NATIONAL S	TAGE FEES						RATE	FEE		RATE	FEE	
BASIC FEE			SMALL EN	T. = \$ 150	LARGE ENT. = \$ 300			BASIC FEE		OR	BASIC FEE	307	
EXAMINATION FEE			Satisfies PCT Article 33(1)- .(4) = \$50 / \$ 100		All other situations = \$ 100 / \$ 200			EXAM. FEE			EXAM. FEE	200	
SEARCH FEE			U.S. is ISA = \$50 / \$ 100 ALL other countries = \$ 200 / \$ 400		ALL other situations = \$ 250 / \$ 500			SEARCH FEE			SEARCH FEE	400	
FEE FOR EXTRA SPEC. PGS.			minus 100 =		/ 50 =			X \$ 125 =			X \$ 250 =		
TOTAL CHARGEABLE CLAIMS			24 m	ninus 20 =	* (* 4		X \$ 25 =		OR	X \$ 50 =	150	
INDEPENDENT CLAIMS			3	minus 3 =	*			X \$ 100 =		OR	X \$ 200 =		
MUL	TIPLE DEPEN	DENT CLAIM PRE	ESENT					+ \$ 180 =		OR	+ \$ 360 =		
* If the difference in column 1 is less than zero, enter "0" in column 2						lumn 2		TOTAL		OR	TOTAL	1000	
CLAIMS AS AMENDED - PART II - (Column 1) (Column 2) (Column 3)							ı ,	SMALL ENTITY		OR			
A T		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	ļ. -	RATE	ADDI- TIONAL FEE	
DME	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
AMENDMENT A	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =		
	<u> </u>				TOTAL ADDIT. FEE	·	OR	TOTAL ADDIT. FEE					
(Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X \$ 25 =		OR [*]	X \$ 50 =		
AMEN	Independent	*	Minus	***		=		X \$ 100 =		ÓR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =		
							•	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
						,				•			
	M the enterior cal	umn 1 is less than th	o ontre in colum	ma 2 writa "O"	' in colum	n 3							

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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